

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042315

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 128

Primary Registration District No. 200

Registrar's No. 1698

FILED NOV 21 1962

VS 300
Rev. 4/59

1 0397

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield	
d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 312 1/2 E. Commercial		d. STREET ADDRESS (If outside, give location) 312 1/2 E. Commercial	
3. NAME OF DECEASED (Type or print) First JOHN Middle FRANCIS Last VANCE		4. DATE OF DEATH Month November Day 14 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/22/1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY City Water Dept.	
11. BIRTHPLACE (City and state or country) Laclede County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Thomas M. Vance		13b. MOTHER'S MAIDEN NAME Bell Hawkins	
14. NAME OF HUSBAND OR WIFE Never married		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. II	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT 2190 Lyon Edith Montgomery, Springfield, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Presumed to be natural causes DUE TO (b) UNATTENDED BY A PHYSICIAN DUE TO (c) Greene County Coroner investigated PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. Month, Day, Year [REDACTED]	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from XXXXXXXXXXXXXXXXXXXX and last saw her alive on approx. 11:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at approx. 11:00 p.m.			
22a. SIGNATURE [Signature]		22b. ADDRESS M.D. Greene County Health Officer, Spfld Mo	
22c. DATE SIGNED 11-17-62		23. NAME OF CEMETERY OR CREMATORY National Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/19/1962	
23c. LOCATION (City, town, or county) Springfield, Missouri		23d. DATE RECD. BY LOCAL REG. 11-19-62	
24. FUNERAL DIRECTOR Ralph Thieme, 1200 Boonville		26. REGISTRAR'S SIGNATURE Effie A. Miller	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

Student _____
Signature of Student Embalmer _____

Signe6

Licensed Embalmer No. 5079

P. O. Address Apk, mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

44-1562